Serbian positions. These operations pinned down large numbers of Serb troops in concentrated groups. These concentrations made the Serbian forces vulnerable to Allied air attacks for the first time in the war, and they sustained large numbers of casualties during this period. Had the KLA not undertaken this campaign, Serbian forces would have remained spread out and largely invulnerable to air attack.

During the air campaign, AFSouth was in charge of Operation Allied Harbor, which provided shelter to the hundreds of thousands of refugees who fled Kosovo. My hosts told me that during the height of the crisis, AFSouth actually exhausted the world's supply of tents in its effort to provide shelter for all the refugees. Now AFSouth is overseeing the repatriation of the Kosovar refugees to Kosovo. Our briefers confirmed what we heard in Kosovo—that most of the Kosovar Albanians who fled Kosovo during the war have already returned home. All of the refugees camps in Albania have been shut down. Among the small percentage of refugees who have not returned to Kosovo are the 20,000 who were brought to the United States and will most likely choose to remain here.

On August 26, I returned from Rome to Philadelphia.

THE NEED FOR MEDICARE COVERAGE OF PRESCRIPTION DRUGS

Mr. SARBANES. Mr. President, in the coming weeks, the Finance Committee will begin consideration of legislation to reform the Medicare program. While I am not a member of that Committee, I would like to urge my colleagues to take this opportunity to address one of the most widespread problems facing senior citizens today—the lack of prescription drug coverage under the Medicare program.

Providing access to prescription medication is essential to ensuring our older Americans receive the health care they need. Today more than ever, medical treatment is focused on the use of drug therapies. Prescription drugs are an effective substitute for more expensive care or surgery, and they are the only method of treatment for many diseases.

Medicare beneficiaries are particularly reliant on prescription medication. Nearly 77 percent of seniors take a prescription drug on a regular basis. Consequently, although seniors make up only 14 percent of the country's population, they consume about 30 percent of the prescription drugs sold. However, the Medicare program, the national program established to provide seniors with vital health care services, generally does not cover prescription drug costs.

Medicare beneficiaries can obtain some coverage for drugs by joining Medicare HMOs. However, these HMOs are not available in many parts of the country, particularly in the rural areas. As we have learned in Maryland, where 14 of our rural counties will no longer be served by any Medicare HMO as of next year, private companies cannot be relied upon to provide a benefit as crucial to the health of our older Americans as prescription drug coverage. Drug coverage must be added as a core element of our basic Medicare benefits package.

Beneficiaries may also purchase drug coverage through a Medigap insurance policy. However, these plans are extremely expensive and generally provide inadequate coverage. In addition, for most Medigap plans, the premiums substantially increase with age. Thus, just as beneficiaries need drug coverage the most and are least able to afford it, this drug coverage is priced out of reach. This cost burden particularly affects women who make up 73 percent of people over age 85.

Those with access to employer-sponsored retiree health plans do generally receive adequate drug coverage. However, only about one quarter of Medicare beneficiaries have access to such plans. Thus, although most beneficiaries have access to some assistance, only a lucky few have access to supplemental coverage that offers a substantial drug benefit. Moreover, at least 13 million Medicare beneficiaries have absolutely no prescription drug coverage.

To make matters worse, the cost of prescription drugs has been rising dramatically over the past few years. Pharmaceutical companies claim that today's higher drug prices reflect the growing cost of research and development. However, recent increases in drug prices have also resulted in large part from the enormous investment the industry has made in advertising directly to the public.

Moreover, recent studies have shown that seniors who buy their own medicine, because they do not belong to HMOs or have additional insurance coverage, are paying twice as much on average as HMOs, insurance companies, Medicaid, Federal health programs, and other bulk purchasers. Medicare beneficiaries are paying more as the pharmaceutical industry is facing increasing pressures from cost-conscious health plans to sell them drugs at cheaper prices. In addition, the industry offers lower prices to veterans' programs and other Federal health programs because the price schedule for these programs is fixed in law. Apparently, pharmaceutical companies are making up the revenues lost in bulk sales by charging exorbitant prices to individual buyers who lack negotiating power.

Despite these market pressures and increased research and development costs, the prices being charged to seniors and other individual purchasers are hardly justified when financial reports show drug companies reaping enormous profits.

Many seniors live on fixed incomes, and a substantial number of them cannot afford to take the drugs their doctors prescribe. Many try to stretch their medicine out by skipping days or breaking pills in half. Many must choose between paying for food and paying for medicine.

In the context of the budget resolution debate, proposals were made to provide for the added cost of including prescription drug coverage in the Medicare program. I voted for an amendment to create a reserve fund of $101 billion over 10 years to cover the cost of Medicare reform including the addition of a prescription drug benefit. This provision was included in the final version of the Senate budget resolution. However, legislation creating the drug benefit still must be enacted before coverage could be extended.

Helping senior citizens get the prescription drugs they need should be one of our top priorities this session. Unfortunately, the Majority is more interested in enacting deep and unreasonable tax cuts that largely benefit the wealthy. Just before the August recess, Congress passed the Majority's FY 2000 budget reconciliation bill. I voted against this bill because it would spend nearly all of the on-budget surplus projected to accrue over the next ten years and would use none of this projected surplus to protect the Social Security System, to shore up Medicare, or to give senior citizens the prescription drug benefit they so desperately need.

I am pleased that the Finance Committee will be focusing on Medicare reform, and I hope that the legislation they develop will establish a prescription drug benefit for our older Americans. Providing seniors with drug coverage is essential to ensuring they receive quality health care. I believe that access to quality health care is a basic human need that in my view must be a fundamental right in a democratic society.

THE ABCs OF GUN CONTROL

Mr. LEVIN. Mr. President, students in Detroit are now back in school, just like their peers across the river in Windsor, Ontario. Each classroom of students is going through virtually the same routine. They are writing about their summer vacations, obtaining textbooks, signing up for sports teams, and trying to memorize locker combinations. They are figuring out bus routes, testing new backpacks and worrying about that third period teacher who assigns too much homework. There is just one major difference between the students in Detroit and those in Windsor. Students in Detroit have to worry about guns in school.

In the United States, another classroom of children is killed by firearms every two days. That doesn't mean that every few days, there is another Columbine mass murder. But statistics show that each day 13 children die from gunfire, and every two days, the equivalent of a classroom of American children is struck by the tragedy of gun violence. In Windsor, the Canadian town

that borders Detroit, there were only 4 firearm homicides in 1997. In Detroit, for that same year, there were 354 firearm homicides. If the population of Detroit and Windsor were equal, the number of firearm deaths would be nearly eighteen times higher in Detroit, a city less than 1,000 yards away.

I'd like to include in the RECORD, an op-ed printed in the USA Today, showing the differences between Canadian and American death rates involving firearms, and specifically the differences between Windsor and Detroit. If there's one thing Congress needs to study this school year, it's how to rewrite the books and end the senseless slaughter of our school children.

I ask unanimous consent that the article be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the USA Today, Aug. 30, 1999]

CANADA SHOWS GUN RESTRICTIONS WORK

(By Paul G. Labadie)

I was crossing the bridge that spans the one-half mile of the Detroit River, a physical buffer separating Detroit from Windsor, Ontario. The lineup at the Canadian Customs checkpoint was unusually long. Inching forward, I finally arrive at the custom agents' booth.

''Citizenship?'' he asks.

''United States,'' I reply.

''Are there any firearms in the vehicle or on your person?''

''No.''

The customs agent shined a flashlight behind the seats as he circled my car.

''You're sure, no long guns, handguns, shotguns?''

''No, none.''

''No ammunition, bullets?''

''None,'' I replied.

After a search of my trunk and a last looking over, he waved me through.

I later found out the reason for the guard's concerns. Someone had been caught with a gun in Windsor.

In Canada, that's all it takes. Its strict policies on gun ownership are strongly enforced and get progressively tougher, with even more stringent laws set to go into effect in the year 2001. To argue against the results of their efforts would be foolhardy, as the statistics are too impressive.

In 1997, Detroit had 354 firearm homicides. Windsor, 1,000 yards away, had only 4. Even taking into account the population difference (Windsor's population is about one-fifth of Detroit's) the comparison is still staggering. And as of July, with Detroit opening its first casino, both cities have legalized gambling. It will be elementary for gamblers to calculate on which side of the river the better odds lie of reaching your car in the parking lot unscathed.

To many Americans, the Canadian solution of handgun bans and restrictions is, at the least, unpalatable and, at the most, unconstitutional. Instead of dealing with the situation directly and restricting civilian ownership of handguns, it has become fashionable to pick the group of one's choice and point the j'accuse-atory finger: the NRA, profiteering gun manufacturers, absentee parents, genetically flawed children, paranoid gun owners, lazy teachers, a fast and loose legal system, and a society of victims. A multiple-choice public indictment of blame, in which, since everyone is at fault, no one is accountable.

The recent school shootings in Colorado and Georgia have many laying blame on the media, pointing to television and movies that glorify violence and gunplay, and music that is designed to incite a riot of anger, resentment and sarcasm in youths who are barely off their training wheels.

But if these mediums are to blame, then how do the youths of Windsor have such immunity? They watch the same TV stations, go to the same movies, listen to the same music as Detroit youths, and yet they have a juvenile crime rate that is a fraction of Detroit's. The lack of availability of handguns certainly must play a role.

According to the Office of Juvenile Justice, in the States between 1983 and 1993, juvenile homicides involving firearms grew 182%. By contrast, only a 15% increase was seen among homicides involving other types of weapons. In the U.S. from 1985 to 1995, 52% of all homicides involved handguns, compared with 14% for Canada.

Canada's willingness to accept gun restrictions might rise from its history. The settlement of Canada's ''Wild West'' was far different from the settlement of the United States'. In Canada, wherever settlers moved west, law and order was already in place in the form of the Hudson's Bay Company. From that spawned a culture that was more structured, less creative, less violent and more likely to look to established authorities for the settlement of disputes. In the United States, however, as the settlers moved west they found virtually no law existed, causing them to take matters into their own hands. Thus a culture was spawned that was more independent, more creative, more violent and more likely to settle disputes themselves. And when an abundance of numerous and easily available firearms are factored in, the results can be bloody.

According to statistics, Canada in 1997 had 193 homicides by firearms. The United States had 12,380. It is hard to change a culture, but clearly the easy access to firearms has to be addressed before we can expect any significant drop in our homicide rate.

I used to be a member of the National Rifle Association. I had the logo on my car, was skilled in the parry and thrust of debates, and was saturated with persuasive data from this organization, which covets statistics more than major league baseball. I am not a member anymore, not because of any complete, radical shift in beliefs, but more from a weariness, a battle fatigue of being caught in the No Man's Land among the immutable NRA, the anti-gun lobby and the evening news, lately filled with terrified schoolchildren, emergency-response crews and black-clad SWAT teams. Perhaps the time has come to lose our ''Wild West'' roots and, at the least, look to put the same restrictions on our guns that we put on our automobiles and the family dog: licensing and registration.

On my way back to Detroit, I stopped at the American Customs booth. I faced a U.S. customs agent.

''Citizenship?'' he asks.

''United States,'' I reply.

He waves his hand to pass me on.

And I could not help but wonder whether the next students getting diplomas would be the ''Class of 2000'' or the ''Class of .357.''

FISCAL YEAR 2000 VA HEALTH CARE FUNDING

Mr. CONRAD. Mr. President, today I was informed of the concern of two North Dakotans who have distinguished themselves on behalf of veterans and their families regarding FY' 2000 funding for VA medical care-incoming National Commander of the Disabled Veterans of America Michael Dobmeier of Grand Forks, North Dakota and Lorraine Frier, National President of the Ladies Auxiliary to the Veterans of Foreign Wars of West Fargo. Let me take this opportunity to warmly congratulate Mike and Lorraine on their recent election to these important national offices, and to thank them for their many years of distinguished service to our country.

Yesterday, the Senate VA–HUD Subcommittee reported an appropriations measure for the Department of Veterans Affairs that will provide $18.4 billion for medical care for veterans. This figure is $1.1 billion above the Administration's budget request of $17.3 billion earlier this year, however, more than $600 below House appropriations recommendation of $1.7 billion for veterans medical care. The House action would increase VA medical care funding to $19 billion.

While the House action does not meet the recommendations from the Independent Budget, Fiscal Year 2000 of $20.2 billion, the funding level does come closer to ensuring that the VA may not have to curtail medical services, close community-based clinics or layoff critical health care workers. Earlier this week, the Veterans of Foreign Wars warned that unless the Senate approves funding close to the House level of $19 billion, ''scores of community-based clinics will have to be closed, veterans will wait longer for care and some 8,500 health care workers laid off''.

Mr. President, the crisis in funding for veterans medical care is shameful, particularly in light of the strong economic news that we have received almost daily over the past few months. How can a nation that has experienced such strong economic growth during the past few years, witnessed stock market growth beyond all expectations and discussed how to spend the Federal surplus, deny veterans the very best health care. How can we justify making veterans wait for months for specialized health care, closing outpatient clinics or reducing VA staffing levels. In my state of North Dakota, we have been working for several years to secure funding for $10 million in critical patient privacy and environmental improvements at the Fargo VA Medical Center—a medical center more than 70 years old.

Earlier this year when the Senate, during consideration of the budget resolution, failed to increase funding for VA medical care as recommended in the Independent Budget, Senator DORGAN and I introduced legislation, S. 1022, to authorize an emergency appropriation of $1.7 billion, above the Administration request, for veterans health care. In view of VA–HUD Subcommittee action in the Senate this week, we must work together to find additional funding for VA health care to bring that level closer to the recommended level in the Independent